

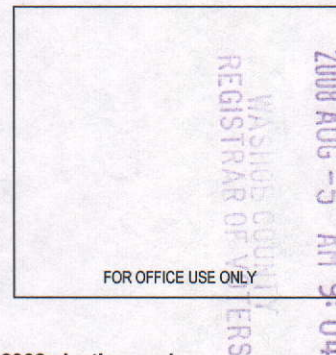
CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print) Jason Geddes Office (if applicable) NSHE Regent District (if applicable) 11
 Mailing Address (include city and zip code) 750 Purnam Drive, Reno, 89503 Telephone No. 775-750-2402
 E-Mail Address jgeddes@sbcglobal.net

Select Appropriate Box(es) ☒ CANDIDATE ☐ PAC ☐ POL PRY ☐ IND EXP ☐ NONPROFIT CORP
☐ LEGAL DEFENSE FUND ☐ AMENDED

- ☐ Annual Filing - Due January 15, 2008
 Period: January 1, 2007 - December 31, 2007
- ☒ Report #1 - Due August 5, 2008*
 Period: Jan. 1, 2008 - July 31, 2008
- ☐ Report #2 Due - October 28, 2008*
 Period: Aug. 1, 2008 - Oct. 23, 2008
- ☐ Report #3 Due - January 15, 2009**
 Period: Oct. 24, 2008 - Dec. 31, 2008
- ☐ Annual Filing - Due January 15, 2009
 Period: January 1, 2008 - December 31, 2008



* These Reports are filed by incumbents/candidates running for office in the 2008 election cycle
 ** Third Report suffices for 2009 Annual Filing if candidate also filed Report Nos. 1 and 2

CONTRIBUTIONS SUMMARY

1. Total Monetary Contributions Received in Excess of \$100
 (See page 1 of instruction sheet)
2. Total Monetary Contributions Received of \$100 or Less
 (See page 2 of instruction sheet)
3. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)
4. Total Monetary Contributions in the form of loans that were forgiven
 (See page 2 of instruction sheet)

This Period

Cumulative
From Beginning of
Report Period #1
through End of
This Reporting
Period

1569.58	1569.58
400.00	400.00
0	0
0	0

This Period

Cumulative From
Beginning of
Report Period #1
Through End of
This Reporting
Period

5. Total Amount of Monetary Contributions Received
 (Add Lines 1 through 4) (See page 2 of instruction sheet)
6. Total Amount of Written Commitments for Contributions (When commitment is funded, report as contribution (monetary or in kind))
 (See page 2 of instruction sheet)
7. Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet)

0	0
0	0

1969.58	1969.58
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EXPENSES SUMMARY

8. Total Monetary Expenses Paid in Excess of \$100
 (See page 2 of instruction sheet)
9. Total Monetary Expenses Paid of \$100 or Less
 (See page 2 of instruction sheet)
10. Total Amount of All Monetary Expenses Paid
 (Add Lines 8 and 9) (See page 2 of instruction sheet)
11. Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet)
12. Disposition of Unspent Contributions
 (Only reported on Report #3, Annual Report or 15th day of the second month after candidates defeat or incumbent does not run for reelection)
 (See page 3 of instruction sheet)

0	0
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369.58	369.58
0	0
369.58	369.58

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature

Date

EL201.doc

Revised: May - 2007

PAGE 1 OF 4

Report Period	#
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Jason Geddes NSHE Regent
Name (print) Office (if applicable)

11
District (if applicable)

**Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100
Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary**

[illegible]

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CAMPAIGN EXPENSES

Report Period # 1

Name (print)

Jason Geddes

Office (if applicable)

NSHE Regent

District (if applicable)

11

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J

**** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

CAMPAIGN EXPENSES

Report Period # 1Name (print) Jason GredlerOffice (if applicable) NSHE RegentDistrict (if applicable) 11

Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
JLH, Inc Sparks, NV 89431	A	4-10-08	369.58

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